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<b>SERIAL NUMBER</b> 10/602,823	<b>FILING OR 371(c) DATE</b> 06/25/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1649	<b>ATTORNEY DOCKET NO.</b> 016800-515
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/395,349 07/12/2002 and claims benefit of 60/395,353 07/12/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 FRANCE 02/07869 06/25/2002  
 FRANCE 02/07895 06/25/2002

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
 \*\* 09/09/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 67	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged Allowance <u>A. D. B.</u> Examiner's Signature Initials				

**ADDRESS**  
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**TITLE**  
 Non-therapeutic methods of evaluating skin neurosensitivity, kit and use of a kit for implementing the method

<b>FILING FEE RECEIVED</b> 1978	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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